



**CHIEF MEDICAL OFFICER
DEPARTMENT OF HEALTH
MINISTRY FOR HEALTH, THE ELDERLY AND COMMUNITY CARE**

DH CIRCULAR No. 100/2012
DH:692/1989

26th March 2012

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Reform of the Schedule V of the Social Security Act

The legislative changes to Article 23 of the Social Security Act and Part II of the Fifth Schedule of the same Act will come into force on the 27th of March 2012. (Annex I)

These changes will immediately increase the number of chronic illnesses that entitle patients to free medicines from 38 to 79. Chronic conditions that were previously being catered for through the Pink Card Scheme (Schedule II) will now be assimilated into the Yellow Card scheme. These conditions include Diabetes mellitus, Tuberculosis, Leprosy and Polio.

A new Schedule V application has been compiled (Annex II) to reflect the changes mentioned above. Pharmacies, wards, outpatient units and health centre clinics are hereby instructed to discard old applications which are still in circulation and replace them with copies of the new application. Only the new applications will be accepted for processing by the Schedule V office. Handwritten additions will not be considered.

You are kindly reminded that treatment can only be dispensed if patients have a valid Schedule V card for the treatment prescribed. Initial urgent treatment should be supplied upon presentation of a valid Schedule V application and only after verification with government entitlement policies.

The Opening Hours of the Medicines Entitlement Unit, within St. Luke's Hospital, have been extended as follows:

Monday, Wednesday and Friday from 7:30 to 14:30.

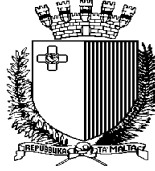
A *new* customer care telephone number was also created for the Medicines Entitlement Unit. The number **21 232424** will direct callers to the Schedule V or Medicines Approvals Offices.

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Schedule V cards are no longer being issued with the Almoner signature. The new Schedule V cards are being issued with an embedded system stamp 'MEU officer'.

Your cooperation to assist patients during this transition process is kindly solicited.

Dr. Natasha Azzopardi Muscat
Chief Medical Officer

I assent.

(L.S.)

GEORGE ABELA
President

3rd February, 2012

ACT No. I of 2012

An Act to amend various provisions of the law related to Social Security

BE IT ENACTED by the President, by and with the advice and consent of the House of Representatives, in this present Parliament assembled, and by the authority of the same, as follows:-

Short Title.

Cap. 318.

1. (1) The title of this Act is the Social Security (Amendment) Act, 2012 and it shall be read and construed as one with the Social Security Act, hereinafter in this part referred to as “the principal Act”.

(2) This Act shall come into force on such date as the Minister responsible for social policy may by notice in the Gazette establish, and different dates may be so established for different provisions or different purposes of this Act.

Amendment of article 18 of the principal Act.

2. In sub-article (5) of article 18, for the words “as provided for in paragraph (d) of the proviso to article 106” there shall be substituted the words “as provided for in paragraph (d) of the proviso to article 106”.

Amendment of article 23 of the principal Act.

3. (1) Sub-article (1) of article 23 shall be amended as follows:

(a) for the words “as in the opinion of the Chief Government Medical Officer are indicated in his case and are available” there shall be substituted the words “as in the opinion of the Chief Government Medical Officer are indicated in his case according to protocols which may be issued by him from time to time and are available”; and

(b) in the Maltese text of the proviso thereof for the words “l-Uffiċjal Medicu Prinċipali tal-Gvern”, there shall be substituted the words “t-Tabib Prinċipali tal-Gvern”.

(2) For sub-article (3) of article 23 of the principal Act there shall be substituted the following:

“(3) A person suffering from one of the diseases or conditions specified in Part II of the Fifth Schedule to this Act shall be entitled to such Free Medical Aid as in the opinion of the Chief Government Medical Officer are indicated in his case according to protocols which may be issued by him from time to time and are available within the national health service.”.

4. In paragraph (iii) of in the proviso to sub-article (1) of article 30 of the principal Act, for the words “who have been registering for work for more than five years” there shall be substituted the words “who are registering for work”.

Amendment of article
30 of the principal
Act.

5. The proviso to sub-article (d) of article 58 of the principal Act shall be substituted by the following two provisos:

Amendment of article
58 of the principal
Act.

“Provided that, where a full-time employee opts to work with reduced hours, the provisions of sub-paragraph (d) shall not apply with respect to any extra allowances which in any manner becomes part of the basic wage or salary during the period in which the pensionable income is to be assessed, as long as:

(i) the gross wage or salary, including the said extra allowances, of such employee does not, during the period during which the said employee is working on reduced hours, exceed the full basic wage or salary of the post in which such employee is working; and

(ii) the Director is informed by the employer that he intends implementing a scheme as contemplated in

this proviso and the Director gives his written approval of the scheme before such scheme is taken up by one or more of the employees directly employed with the employer making the request:

Provided further that, without prejudice to the provisions of the above proviso, where the Director is satisfied that a person is in receipt of a pension which was calculated on the basis of a pensionable income which includes income as described in this article, the Director shall re-assess the pension payable to such person in such a manner to ensure that the provisions of this article are duly applied with regard to future payments.”.

Addition of new article to the principal Act.

6. Immediately after article 61 of the principal Act there shall be added the following new article:

“Persons who have partaken of an early retirement as a result of a privatization process.

61A. The pensionable income of a person born before the 1st January, 1962 who becomes entitled to a pension in respect of retirement or invalidity in accordance with this Act and who had accepted to partake of an early retirement scheme after 1st January 2008 in anticipation of the privatization of an entity in which the Government, at the time when such person accepted to take up early retirement, was the owner or the majority shareholder, shall be that specified in the Thirteenth Schedule to this Act, or the pensionable income which would have otherwise resulted in accordance with the provisions of this Act, had that person’s last day of employment following the acceptance of the early retirement arrangement been the date of retirement or invalidity, whichever pensionable income is the higher.”.

Amendment of article 84 of the principal Act.

7. Article 84 of the principal Act shall be amended as follows:

(a) in sub-article (1) thereof -

(i) in paragraph (e) thereof, for the words “for prescribing conditions” there shall be substituted the words “prescribing conditions”;

(ii) in paragraph (f) thereof, for the words “for

prescribing circumstances” there shall be substituted “prescribing circumstances”;

(iii) in paragraph (g) thereof, for the words “for prescribing circumstances” there shall be substituted “prescribing circumstances”; and

(iv) immediately after paragraph (h) thereof, there shall be added the following new paragraph:

“(i) exempting, in terms of article 116A, a category of persons from the payment, in whole or in part, of the further contributions which may be due by them.”; and

(b) immediately after sub-article (3) thereof, there shall be inserted the following new sub-article:

“(4) The Minister may, from time to time and with the concurrence of the Minister responsible for finance, make regulations for the purpose of establishing the contribution due by residents of State Financed Residential Services in terms of article 94”.

8. Article 86 of the principal Act shall be amended as follows:

Amendment of article 86 of the principal Act.

(a) for the words “The bonus payable to any person under article 85(1) shall be abated” there shall be substituted the words “The bonus payable to any person under article 85(1) and, or article 85(2) shall be abated”; and

(b) for the words “in respect of any part of the six month period ending on the last day of June or December, as the case may be:” there shall be substituted the words “in respect of any part of the six month period ending on the last day of June or December, and, or the bonus payable by any employer in terms of the Weekly Allowance National Standard Order, 1988, as the case may be:”.

9. Immediately after sub-article (5) of article 93 of the principal Act there shall be added the following new sub-article:

Amendment of article 93 of the principal Act.

“(6) Any reference in this article to any state-financed residential service is a reference to such service as is referred to in article 131(1)(a) of this Act.”.

Substitution of article 94 of the principal Act.

10. Article 94 of the principal Act shall be substituted by the following new article:

“Residents of state financed residential service that is a state-owned hostel for the care and welfare of persons with disability.

94. (1) Subject to the provisions of this Act, where during any period a person is receiving a State Financed Residential Service that is a state-owned hostel for the care and welfare of persons with disability referred to in article 131A, such person shall pay to the Government such contribution as may be prescribed under subarticle (2). The competent authority in terms of article 131A shall calculate the contribution payable by such resident in terms of the provisions of this article.

(2) The Minister may, with the concurrence of the Minister responsible for finance, make regulations providing for the calculation of the contribution due by residents of State Financed Residential Services under sub-article (1) as are specified by the same regulations.

(3) Any contributions due in terms of the foregoing provisions of this article shall be deducted from any benefit, pension, bonus, assistance or allowance payable under this Act.

(4) Notwithstanding the provisions of this article, where a resident of a State Financed Residential Service that is a state-owned hostel for the care and welfare of persons with disability referred to in article 131A is a married person whose spouse is not such a resident, and is not in receipt of a benefit, pension, bonus, assistance or allowance payable under this Act in the spouse’s own right, 60% of the rate of benefit, pension, bonus, assistance or allowance which would have otherwise been payable to such resident shall be payable to the spouse who is not a resident.

(5) Where no benefit, pension, bonus, assistance or allowance is due to a resident of a state financed residential service that is a state-owned hostel for the care and welfare of persons with disability referred to in

article 131A, and whether such benefit, pension, bonus, assistance or allowance is payable under this Act or from any other source, or where such benefit, pension, bonus, assistance or allowance is less than the amount that is due by way of a contribution, as specified in terms of subarticle (1), the competent authority in terms of article 131A shall be empowered to enter into a contract with such resident and, or any other party, as the case may require, for any contribution that may be due to Government in accordance with the provisions of this article.”.

11. In sub-article (5) of article 98, for the words “the advice of the Department’s medical panel in accordance with the proviso to article 106” there shall be substituted the words “the advice of the Department’s medical panel and multi-disciplinary panel, where applicable, in accordance with the proviso to article 106” and for the words “re-examination of the case, the advice of the previous medical panel shall remain valid” there shall be substituted the words “advice of the previous medical panel and multi-disciplinary panel, where applicable, shall remain valid”.

Amendment of article 98 of the principal Act.

12. Article 101 of the principal Act shall be amended as follows:

Amendment of article 101 of the principal Act.

(a) in the proviso to sub-article (1) thereof, for the words “at the request of the Director of the Elderly and Community Services Department withhold from any pension” there shall be substituted the words “at the request of the Director of the Elderly and Community Services Department, or of the competent authority under article 131A, withhold from any pension”;

(b) in sub-article (2) thereof, for the words “be executed thereon; but the provisions of article 381(3) of the Code of Organization and Civil Procedure shall *mutatis mutandis* apply.” there shall be substituted the words “be executed thereon.”.

13. The proviso to article 106 shall be amended as follows:

Amendment of article 106 of the principal Act.

(a) in paragraph (e) thereof, for the words “by the Minister for the purpose of advising on such cases:” there shall be substituted the words “by the Minister for the purpose of advising on such cases:” and the proviso immediately after paragraph (e) shall be deleted; and

(b) immediately following paragraph (e) thereof, there shall be added the following new paragraph and proviso:

“(f) the Minister shall appoint a multi-disciplinary panel for the purpose of advising the Director on the psycho-socio aspect of cases in which a claim for a pension in respect of invalidity or a claim for Social Assistance has not led to the conclusive determination of the work capacity of the applicant as provided in the preceding paragraphs of this proviso. The multi-disciplinary panel shall be made up of the following members:

- (i) A psyschiatrist;
- (ii) A psychologist;
- (iii) An occupational thereapist; and
- (iv) A social worker:

Provided further that, in any claim for Sickness Benefit, the Director may, if he so deems fit, consult on the medical aspects of the claim one or more persons holding the warrant to practise the medical profession, appointed by the Minister for this purpose, and on the pyshco-socio aspects of the case the muti-disciplinary panel provided for in paragraph (f) of the provious proviso.”.

Amendment of article 116 of the principal Act.

14. (1) Sub-article (1) of article 116 of the principal Act shall be amended as follows:

(a) the first proviso thereof shall be deleted;

(b) the second proviso thereof shall be substituted by the following proviso:

“Provided that in the case of a self-employed or selfoccupied person, or a person in respect of whom the provisions of article 13 apply, who proves to the satisfaction of the Director that at the time when such contributions were due he was abroad or hospitalised, the aforesaid prescribed time shall be extended to the 31st day of his return to Malta or discharge from hospital, as the case may be.”.

“(2) In the proviso to sub-article (5) of article 116 of the principal Act, for the words “payable at the time of payment.”

there shall be substituted the words “payable at the time of payment:” and immediately thereafter, there shall be added the following new proviso:

“Provided further that, notwithstanding the provisions of this sub-article, the following shall apply where a request by the self-employed person to pay such unpaid contributions is made by a person who, during the period in which such contributions were not paid, was a member of a religious order, was living in Malta and no contribution was payable by him under this Act:

(i) such request shall be deemed valid if submitted after the lapse of five years from the time when the rate of proper contribution was due; and

(ii) the contribution for such period only shall be payable at the relevant SP rate applicable at the time as indicated in part II of the Tenth Schedule to this Act.”.

15. Article 116A of the principal Act shall be substituted by the following new article:

Substitution of article 116A of the principal Act.

“Exemption.

116A. The Minister may, with the concurrence of the Minister responsible for finance, exempt any person or category of persons with or without retrospective effect from the payment of any further contribution due under article 116(1), in whole or in part, on any ground which to him may seem sufficient. Any such exemption may be made subject to such conditions, as the Minister may deem appropriate:

Provided that where an exemption relates to a category of persons, such exemption shall be prescribed by means of regulations made in accordance with article 84(1)(i):

Provided further that nothing in this article shall be construed as detracting from the provisions of article 116(5)(ii).”.

16. Paragraph (a)(i) of sub-article (1) of article 131 of the principal Act shall be substituted by the following new paragraph:

Amendment of article 131 of the principal Act.

“(i) inmates of state-financed institutions for medical care where, notwithstanding the fact that such inmate has been medically discharged, the person remains a resident and of such other inmates as are designated for the purpose by the Minister;”.

Addition of new article to the principal Act.

17. Immediately after article 131 of the principal Act there shall be added the following new article:

“Competent authority for state-owned hostels for the care and welfare of persons with disability.

131A. (1) The competent authority responsible for State-Financed Residential Services that are state-owned hostels for the care and welfare of persons with disability shall administer the funds entrusted to it by Government for the benefit of residents of such hostels as are specified by the Minister by notice in the Gazette:

Provided that for this purpose, the competent authority shall be designated by the Minister by notice in the Gazette.

(2) The Minister may give to the competent authority designated under sub-article (1) directives of a general nature on the policy to be adopted by it.

(3) In exercising its functions the competent authority designated under sub-article (1) shall:

(a) keep such system of accounts and shall adopt such procedures for the custody and disbursement of moneys entrusted to it as shall be approved by the Accountant General and all books, receipts and records kept for this purpose shall, at all times, be open to inspection by the Director, the Accountant General, the Auditor General and any other public officer whom the Minister appoints for this purpose;

(b) utilize all funds entrusted to it for the care, welfare and benefit of persons referred to in sub-article (1):

Provided that -

(i) such part of such funds as may be approved by the Minister may be utilized by

the competent authority for its own expenses;
and

(ii) such part of such funds as may be directed by the Minister from time to time may be utilized for such purpose or class of purposes as the Minister may, for the benefit of the persons referred to in sub-article (1), determine;

(c) not later than two months after the 1st day of January of every year, submit to the Minister a report on its activities for the previous calendar year, together with a statement showing details of the expenditure incurred during that year, together with a statement showing details of the funds entrusted and made available to the competent authority and any balance of such funds remaining at the end of the said year.”.

18. Part II of the Fifth Schedule of the Principal Act shall be substituted by the following:

Susbsitution of the
Part II of the Fifth
Schedule of the
Principal Act.

“PART II

**DISEASES AND CONDITIONS IN RESPECT OF WHICH FREE MEDICAL
AID MAY BE ACCORDED**

1. Malignant Diseases
2. Cardiovascular Diseases:
 - (a) Chronic Heart Failure
 - (b) Hypertension
 - (c) Ischaemic Heart Disease
 - (d) Cardiac Arrhythmias
 - (e) Peripheral Vascular Disease
 - (f) Cerebrovascular disease
 - (g) Genetic Dyslipidaemia
3. Respiratory Diseases:
 - (a) Chronic Respiratory Failure
 - (b) Cystic Fibrosis
 - (c) Chronic Obstructive Pulmonary Disease
 - (d) Chronic Asthma
4. Digestive system diseases:
 - (a) Gastro – Oesophageal Reflux Disease
 - (b) Gastric/Duodenal Ulcers
 - (c) Inflammatory Bowel Disease
 - (d) Coeliac Disease
 - (e) Diverticular Disease requiring Stoma Care
 - (f) Hirschprung’s Disease
 - (g) Imperforate Anus
 - (h) Small Intestinal Failure
5. Liver diseases:
 - (a) Chronic Liver Disease
6. Haematological Diseases:
 - (a) Inherited Bleeding Disorders
 - (b) Inherited Haemoglobinopathies
7. Nervous System Diseases:
 - (a) Epilepsy

- (b) Parkinson's Disease
- (c) Myasthenia Gravis
- (d) Multiple Sclerosis
- (e) Motor Neurone Disease
- (f) Trigeminal Neuralgia
- (g) Huntington's Chorea
- (h) Dementia
- (i) Schizophrenia
- (j) Psychosis
- (k) Chronic Mood Disorders
- (l) Chronic Neurotic Disorders
- (m) Addiction Disorders
- (n) Chronic Psychiatric Disorders starting in Childhood
- (o) Chronic Eating Disorders
- (p) Cerebral Palsy
- (q) Narcolepsy
- (r) Spinal Cord Pathologies
- (s) Congenital Indifference to pain

8. Renal diseases:

- (a) Chronic Kidney Disease

9. Endocrine diseases:

- (a) Diabetes Mellitus
- (b) Addison's Disease
- (c) Precocious Puberty
- (d) Hypoparathyroidism
- (e) Hypopituitarism
- (f) Hypogonadism
- (g) Enzyme Disorders
- (h) Endometriosis and Adenomyosis
- (i) Pituitary Adenomas

10. Skin diseases:

- (a) Psoriasis
- (b) Chronic Immunobullous Disorders
- (c) Congenital Ichthyosis

11. Infectious Diseases:

- (a) HIV/AIDS and HIV Related Diseases
- (b) Hepatitis B & C
- (c) Tuberculosis
- (d) Hospital Acquired Infections
- (e) Leprosy

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- (f) Polio and Post-Polio Syndrome
- (g) Chronic Osteomyelitis

12. Rheumatic Diseases:

- (a) Rheumatoid Arthritis
- (b) Paget's Disease
- (c) Lupus Erythematosus
- (d) Systemic Sclerosis
- (e) Dermatomyositis/Polymyositis
- (f) Polyarthritis Nodosa
- (g) Seronegative Arthritis
- (h) Crystal Deposition Disease
- (i) Polymyalgia Rheumatica

13. Metabolic Disorders

- (a) Inborn Errors of Metabolism

14. Eye diseases:

- (a) Glaucoma
- (b) Vascular Disease of the Retina

15. Immunodeficiency:

- (a) Primary Immunodeficiency Disorder
- (b) Secondary Immunodeficiency Disorder

16. Chromosome Disorders:

- (a) Down Syndrome
- (b) Turner Syndrome
- (c) Prader-Willi Syndrome".

Passed by the House of Representatives at Sitting No. 438 of the 24th January, 2011.

ĊENSU GALEA
Deputy Speaker

PAULINE ABELA
Clerk to the House of Representatives



Request Form for the supply of free drugs in terms of Schedule V (Part II) of Social Security Act (2012)

Patient Name		Date of Birth	
Address			
I.D. Card No.		Telephone No.	

Please tick Schedule V condition accordingly:

<input type="checkbox"/> Addiction Disorders <input type="checkbox"/> Addison's Disease <input type="checkbox"/> Cardiac Arrhythmias <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Chronic Asthma <input type="checkbox"/> Chronic Eating Disorders <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Chronic Immunobullous Disorders <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Chronic Mood Disorders <input type="checkbox"/> Chronic Neurotic Disorders <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Chronic Osteomyelitis <input type="checkbox"/> Chronic Psychiatric Disorders starting in Childhood <input type="checkbox"/> Chronic Respiratory Failure <input type="checkbox"/> Coeliac Disease <input type="checkbox"/> Congenital Ichthyosis <input type="checkbox"/> Congenital indifference to pain <input type="checkbox"/> Crystal Deposition Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Dermatomyositis/Polymyositis <input type="checkbox"/> Diverticular Disease requiring Stoma Care	<input type="checkbox"/> Lupus Erythmatosus <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Endometriosis and Adenomyosis <input type="checkbox"/> Enzyme Disorders <input type="checkbox"/> Epilepsy <input type="checkbox"/> Gastric/Duodenal Ulcers <input type="checkbox"/> Gastro – Oesophageal Reflux Disease <input type="checkbox"/> Genetic Dyslipidaemia <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hepatitis B & C <input type="checkbox"/> Hirschprung's Disease <input type="checkbox"/> HIV/AIDS and HIV Related Diseases <input type="checkbox"/> Hospital Acquired Infections <input type="checkbox"/> Huntington's Chorea <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Hypoparathyroidism <input type="checkbox"/> Hypopituitarism <input type="checkbox"/> Imperforate Anus <input type="checkbox"/> Inborn errors of Metabolism <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Inherited Bleeding Disorders <input type="checkbox"/> Ischaemic Heart Disease <input type="checkbox"/> Inherited Haemoglobinopathies <input type="checkbox"/> Leprosy <input type="checkbox"/> Malignant Diseases	<input type="checkbox"/> Motor Neurone Disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Myasthenia Gravis <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Paget's Disease <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Pituitary Adenomas <input type="checkbox"/> Polio and Post-Polio <input type="checkbox"/> Polyarthritis Nodosa <input type="checkbox"/> Polymyalgia Rheumatica <input type="checkbox"/> Prader-Willi Syndrome <input type="checkbox"/> Precocious Puberty <input type="checkbox"/> Primary Immunodeficiency Disorder <input type="checkbox"/> Psoriasis <input type="checkbox"/> Psychosis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Secondary Immunodeficiency Disorder <input type="checkbox"/> Seronegative Arthritis <input type="checkbox"/> Small Intestinal Failure <input type="checkbox"/> Spinal Cord Pathologies <input type="checkbox"/> Systemic Sclerosis <input type="checkbox"/> Trigeminal Neuralgia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Turner Syndrome <input type="checkbox"/> Vascular Disease of the Retina
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Drugs requested for a period of :	
1	6
2	7
3	8
4	9
5	10

Signature of Consultant & Registration Number

Consultant Name in Block Letters

Date

Data Protection Statement

All personal data is required to provide you with health care services as necessary, and is processed in accordance with the Data Protection Act, and as permitted by law. Further information about your data can be obtained on request.